M-11-10-39 BURBAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH		II WELL TO IZE		
Primary Registration District No. Registration	V. S. No. 2	II	1.4 1	947
Registration District No. 1002 Registration District No. 1002	Rev. 5-17-39		FICALE OF DEATH State Pite No	
County Jackson Coun	X21492		trict No. 1002 Registrar's No. 1002	QT
County Jackson Coun		1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(d) City or town. Kanness City. Mo. (e) City or town. kinness contained write "RURAL" and course of township) (e) Name of hospital or restrictions: City or town. in hospital or institution. With contracted on the contract of the community. In hospital or institution. It is year? City or town. in hospital or institution. With contracted on the con	_	(a) County Jackson		
(d) Length of stays in hospital or institution. (e) If foreign horn, how long in U. S. A.7. (f) If oreign horn, how long i	2	(b) City or town Kansas City, Mo.	(a) State Llissouri (b) County Jacks	son
(d) Length of stays in hospital or institution. (e) If foreign horn, how long in U. S. A.7. (f) If oreign horn, how long i	8.	(If cutside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution:	Konsos City Ma	
(d) Length of stays in hospital or institution. (e) If foreign horn, how long in U. S. A.7. (f) If oreign horn, how long i	RE		(If ontside city or town limits write "RURAL"))
S. (6) PRINT Mrs. Lune the Shawhan Sold Security Security Sold Securit		1	(d) Street No. 300 Benton Blvd.	
S. (6) PRINT Mrs. Lune the Shawhan Sold Security Security Sold Securit	<u> </u>	18 rooms (Specify whether	(If rural, give location)	
8. (b) If veteran, No. 10. (c) Social Security No. 10. (d) Single, widowed, married, divorced V3d dov. 4. Sex F race V1 6. (b) Name of busband or wife Thos. J. Shawhar. 7. Birth date of deceased Nov. 17. 1850 (Month) (Day) (Yes) 8. AGE: Years Months Days If less than one day 89	· \(\frac{1}{8}\)	III this community	(e) If foreign born, how long in U. S. A.?	years.
8. (b) If veteran, No. 10. (c) Social Security No. 10. (d) Single, widowed, married, divorced V3d dov. 4. Sex F race V1 6. (b) Name of busband or wife Thos. J. Shawhar. 7. Birth date of deceased Nov. 17. 1850 (Month) (Day) (Yes) 8. AGE: Years Months Days If less than one day 89	, &	8. (a) PRINT Mrs. Tunatta Shawhan In	MEDICAL CERTIFICATION	
3. (b) If veteran, name war. None 3. (c) Sodal Scutity No. No. Niche No. Niche No. No. Niche Niche No. Niche No. Niche No. Niche Niche No. Niche Niche No. Niche Nic	ਂ ਦ	TOUR NAME	20. DATE OF DEATH: Month Mar. day 27	
No. No. 10. 10. 10. 10. 10. 10. 10. 1	,	Nore · Nore	ll * 1010 →0 00	O AM.
4. Sex F 6. Color or race W 6. (c) Single, widowed, married, divorced Widow. 6. (b) Name of husband or wife 6. (c) Age of husband or wife if and that death occurred on the date and hour stated above. Thos. J. Shawhan 17. 1850 17. 1850 18. Shawhan 19. S	. E	name war No.	21. I hereby certify that I attended the deceased from	616
Second	Į.		1940to U. 27	1947
Thos, J. Shawhan Thos, J. Sha	,	· ·		, 19
7. Birth date of deceased Nov. 17, 1850 (Month) (Day) (Year) 8. AGE: Years Months Days If less than one day 89 14 10 hr. min. 9. Birthplace. (City, town, or county) (State or foreign country) 10. Usual occupation. Homemaker 11. Industry or business. 12. Name. Uniknown 13. Birthplace. (City, town, or county) Uniknown 14. Major findings: Of operations. Uniknown 15. Birthplace. (City, town, or country) Uniknown 16. (City, town, or country) Uniknown 17. (City, town, or country) Uniknown 18. (City, town, or country) (State or foreign country) 16. (City, town, or country) (State or foreign country) 16. (City, town, or country) (State or foreign country) 17. (a) Burial (City, town, or country) (Month) (Day) (Vow) (b) Address Parkville, No. (c) Place: burial or cremation. (b) Date thereof (Month) (Day) (Vow) (c) Place: burial or cremation or more of the park (Country) (Month) (Day) (Vow) (d) Date of occurrence. (c) Where did injury occur? (City or town) (Country) (State) (d) Date of occurrence. (c) While at work? (d) Did injury occur? (d) Date of occurrence. (d) Maddress (d)	VIK		1	Duration
7. Sirth date of deceased. (Month) (Dray) (Year) 8. AGE: Years Months Days If less than one day 89 1 10 hr. min. 10. Usual occupation. Homemaker. (City, town, or county) 11. Industry or business. 12. Name Unknown 13. Birthplace. (City, town, or county) 14. Maiden name. (City, town, or county) 15. Birthplace. (City, town, or county) 16. (a) Informant. R.B. Shawhan (b) Address Parkville, Ifo. (c) Meanth (Dray) (d) Date thereof. (Month) (Dray) (e) Place: burial or cremation. or removed. (Month) (Dray) (e) Place: burial or cremation. G. H.Blackman & Son, Inc. (f) Address 2825 Indep, Blvd. K.C. Ho. 19. (a) Mch 28, 1940; M. M. D. of other) (b) Address 2825 Indep, Blvd. K.C. Ho. (c) Mch 28, 1940; M. M. D. of other) (c) Mch 28, 1940; M. M. D. of other) (d) Characteried local registrary is signature) (e) Mch 28, 1940; M. D. of other) (f) Characteried local registrary is signature)		N 17 20E0	Immediate came of death	_ŧ
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Second Park 10 State or foreign country 15 State or foreign country 16 City, town, or county City, town, or co	3LA			700
11. Industry or business		! -	Due to 3	
11. Industry or business	Ž	09 4 10 hr. min.	Draw (142)	
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12. Name			(Include pregnancy within 3 months of death)	
12. Name	S	1 ~ I	Major findings:	PHYSICIAN
City, town, or county Unknown		12. Name	Of operations	Underline
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(c) Place: burial or cremation. 18. (a) Signature of funeral director. C.H.Blackman & Son, Inc. (b) Address. 2825 Indep. Blvd. K.C. Mo. 19. (a) MCh. 28, 1940) M. D. Owe (Registrar's signature) (Date received local registrar) (Registrar's signature) (C) Mach. Son, Inc. 28. Signature of funeral director. C.H.Blackman & Son, Inc. (M. D. og other) Address. Mile at work? (M. D. og other) Address. Mile at work? (M. D. og other) Date sign Mar 7814		(Rodal cometion or removal) (Month) (Davi (Venr) i	(d) Did injury occur in or about home, on farm, in industrial place, in I	(State) public place?
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(I and Fig. 1) (God and God an		() , , , , , , , , , , , , , , , , , ,	28. Signature (M. D. or o	other)
(I and Fig. 1) (God and God an		19. (a) MCD CO 194(b) (Registrar's signature)	Address ////// El Comos Date sign	40178140
		(Licensed Embalmer's Sta	tement on Reverse Side)	

1116 Armour

STATEMENT BY LICENSED EMBALMER

Thereby certaly that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by
, Registered Apprentice No
working under my personal supervision.
Signed Cott Blackwar
Licensed Embalmer No 2944

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

P. O. Address.

the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.